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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/864,198	
	Filing Date	May 25, 2001	
	First Named Inventor	Nicholas H. Des Champs	
	Art Unit	3635	
	Examiner Name	Mark A. Fadok	
Total Number of Pages in This Submission	21	Attorney Docket Number	

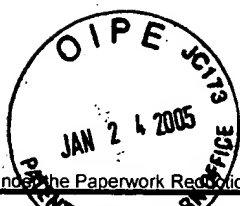
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> Enclosed is a Notice of Appeal, an Appeal Brief, a check for \$500 and a Fee Transmittal Form. <i>(3 copies)</i>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature			
Printed name	Clyde I. Coughenour		
Date	January 21, 2005	Reg. No.	33,083

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Clyde I. Coughenour	Date	January 21, 2005

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 500

## Complete if Known

Application Number	09/864,198
Filing Date	May 25, 2001
First Named Inventor	Nicholas H. Des Champs
Examiner Name	Mark A. Fadok
Art Unit	3635
Attorney Docket No.	

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number  
Deposit Account Name

03-3382

Clyde I. Coughenour

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ )

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ )

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130		1053 130		Non-English specification	
1812 2,520		1812 2,520		For filing a request for <i>ex parte</i> reexamination	
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110		2251 55		Extension for reply within first month	
1252 430		2252 215		Extension for reply within second month	
1253 980		2253 490		Extension for reply within third month	
1254 1,530		2254 765		Extension for reply within fourth month	
1255 2,080		2255 1,040		Extension for reply within fifth month	
1401 340		2401 170		Notice of Appeal	250
1402 340		2402 170		Filing a brief in support of an appeal	250
1403 300		2403 150		Request for oral hearing	
1451 1,510		1451 1,510		Petition to institute a public use proceeding	
1452 110		2452 55		Petition to revive - unavoidable	
1453 1,370		2453 685		Petition to revive - unintentional	
1501 1,370		2501 685		Utility issue fee (or reissue)	
1502 490		2502 245		Design issue fee	
1503 660		2503 330		Plant issue fee	
1460 130		1460 130		Petitions to the Commissioner	
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180		1806 180		Submission of Information Disclosure Stmt	
8021 40		8021 40		Recording each patent assignment per property (times number of properties)	
1809 790		2809 395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790		2810 395		For each additional invention to be examined (37 CFR 1.129(b))	
1801 790		2801 395		Request for Continued Examination (RCE)	
1802 900		1802 900		Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 500

## SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)	Clyde I. Coughenour	Registration No. (Attorney/Agent)	33.083	Telephone	703-221-8677
Signature		Date	January 21, 2005		

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